

1. CIR./DIST./ DIV. CODE Southern/Tx/Houston		2. PERSON REPRESENTED Thor Alexander Morris		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 4:10cr512-01		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA vs Morris		8. PAYMENT CATEGORY Felony Petty Offense Misdemeanor Other X Appeal <u>Material Wit</u>		9. TYPE PERSON REPRESENTED Adult Defendant x Appellant Juvenile Defendant Appellee Other <u>Material Witnesses</u>	
10. REPRESENTATION TYPE (See Instructions) CA					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to Purpose of Appeal</i>					
1. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Russell M. Soloway P.O. Box 301563 Austin, TX 78703 Telephone Number : 210-859-5272			13. COURT ORDER x O Appointing Counsel C Co-Counsel F Subs For Federal Defender R Subs For Retained Attorney P Subs For Panel Attorney Y Standby Counsel Prior Appointment Dates: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other (See Instructions) <u>m. Germa (mag millay)</u> Signature of Presiding Judicial Officer of By Order of the Court 05/25/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
1. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
FOR COURT USE ONLY			MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	
In	15. a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
Out of	16. a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.		28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	
DATE		28a. JUDGE/MAG. JUDGE CODE		29. IN COURT COMP.	
30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES	
33. TOTAL AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>		DATE	
34a. JUDGE CODE					